

Audits - Bay & Central Region 1515 Clay Street, Suite 1109, Oakland, CA 94612 (510) 622-2584, FAX (510) 622-2585

May 7, 2008

Ken Crandall Mental Health Director Lassen County Beh. & Public Health Services 555 Hospital Lane Susanville, CA 96130

Dear Mr. Crandall:

AUDIT REPORT - LASSEN COUNTY MENTAL HEALTH

We have conducted a desk examination of the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Lassen County Mental Health for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and was limited to a review of SD/MC units, Mode Costs, Utilization Review Costs and Administrative costs.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

Net Program Costs

	<u>;</u>	<u>Settled</u>		Allowed	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$	1,550,462	\$ 1	,172,379	\$ (378,083)
Federal Share of Healthy Families/Medi-Cal	\$	15,949	\$	0	\$ (15,949)
State General Funds EPSDT Due State	\$	592,828	\$	455,330	\$ (137,488)

Ken Crandall, Director May 7, 2008 Page 2

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vickie Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Care Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WALTER J. HILL, JR., MBA, EA

Chief of Audits

Enclosures

CERTIFIED MAIL

MABEL GILTNER, Supervisor Audits – Bay & Central Region

LASSEN COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2003

NET REIMBURSABLE MEDI-CAL PROGRAM COSTS		_	As Settled	Audit Adjustments	As Audited
COUNTY PROVIDERS MEDI-CAL - FFP HEALTHY FAMILIES - FFP TOTAL FFP - COUNTY PROVIDERS	(Sch. 2a) (Sch. 2a)	\$ \$	1,547,178 	(15,949)	0
CONTRACT PROVIDERS MEDI-CAL - FFP HEALTHY FAMILIES - FFP TOTAL FFP - COUNTY PROVIDERS		\$ \$	3,284 0 3,284	\$ (3,284) \$ 0 \$ (3,284) \$	0
TOTAL FFP - COUNTY PLUS CONTRACT MEDI-CAL - FFP HEALTHY FAMILIES - FFP TOTAL FFP - COUNTY PLUS CONTRACT		\$ \$	1,550,462 15,949 1,566,411	\$ (378,083) \$ (15,949) \$ (394,032) \$	0
SUMMARY OF STATE GENERAL FUNDS EPSDT - SGF	(Sch. 4)	\$ <u></u>	592,818	\$(<u>13</u> 7,488)	455,330

LASSEN COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL

<u>co.</u>	UNITY OPERATED FEDERAL		_	As Settled		Audit Adjustments		As Audited
Tota	al Medi-Cal Gross Reimbursement							
1.	Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$		\$	0 5	\$	0
2.	Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)		2,403,242		(536,848)		1,866,394
3.	Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0		0		0
4.	Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		0		823		823
5.	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0		0
6.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0		0
7.	Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0		0
8.	Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	_	22,304	_	(22,304)		0
9.	Total		\$ _	2,425,546	\$	(558,330)	s <u> </u>	1,867,216
<u>Les</u> :	s: Patient & Other Payor Revenues							
10.	Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	0	\$	0 !	\$	0
11.	Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		0		0		0
12.	Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0		0
13.	Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0		0
14.	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0		0
15.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0		0
16.	Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)		0		0		0
17.	Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)		0		0		0
18.	Total		\$_	0	\$	0	\$	0
Me	di-Cal Net Reimbursement for Direct Services							
19.	Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	0	\$	0	\$	0
20.	Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		2,403,242		(536,026)		1,867,216
21.	Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0		0
22.	Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0		0
23.	Healthy Families-I/P	(Ln 7 - Ln 16)		0		0		0
24.	Healthy Families-O/P	(Ln 8 - Ln 17)		22,304	_	(22,304)		0
25.	Total		\$ =	2,425,546	\$	(558,330)	\$	1,867,216
Me	di-Cal MAA Reimbursement							
26.	Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$	0	\$	0	\$	0
27.	Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		0		0		0
28.	Service Functions 21-19	(MH1979, Ln 13, Col. A)		_ 0		0		0
_	Total		_		- s		s	

LASSEN COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL					Audit		
Amount Nanctisted Dates Esseed Cost		_	As Settled	_	Adjustments	-	As Audited
Amount Negotiated Rates Exceed Cost 30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0	\$	0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	J	0	Ð	0	Ф	0
•			0		0		0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)				0		
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		-		0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0		0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)		0		0	_	
36. Total		^{\$} =	0	\$ =	0	\$ =	0
Medi-Cal Administrative Reimbursement							
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	361,471	\$_	(81,389)	\$_	280,082
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$	263,808	\$	(55,233)	\$	208,575
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$_	263,808	\$_	(55,233)	\$ =	208,575
Healthy Families Administrative Reimbursement							
40. Healthy Families Administrative Reimbursement Lin	nit (MH1979 In 8)	\$	2,230	\$	(2,230)	\$	0
41. Healthy Families Administration	(MH1979, Ln 9)	<u> </u>	2,224	-	(2,224)		0
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	*-	2,224	-	(2,224)	_	0
42. Healthy I animes Administrative Reinfoursement	(Lower of Eli 40, Eli 41)	" =		· [*] =	(2,224)	ຶ=	
Utilization Review Reimbursement							
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$_	157,311	. \$ _	(66,995)	\$_	90,316
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	\$	127,850	\$_	(45,310)	\$=	82,540
Net SD/MC Reimbursement - FFP							
45. Direct Services	(MH1979, Ln 16,16A)	S	1,233,366	\$	(274,816)	\$	958,550
46. Enhanced (Children)	(MH1979, Ln 17,17A)		0		535		535
47. Enhanced (Refugees)	(MH1979, Ln 18)		0		0		0
48 MAA	(MH 1979, Ln 11, 12 & 13	3)	0		0		0
49. Administrative Reimbursement	(MH1979, Ln 6)	- ,	131,904		(27,617)		104,288
50. U.R. Skilled Professional	(MH1979, Ln 14)		117,983		(50,246)		67,737
51. U.R. Other	(MH1979, Ln 15)		63,925		(22,655)		41,270
52. Negotiated Rate-Payback	(MH1979, Ln 20)		05,725		0		0
53. Subtotal- FFP	(MIT1777, Eli 20)	s –	1,547,178	- \$	(374,799)	\$	1,172,379
		_				=	
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0	\$	0
55. Quality Assurance Review Results	(Adj#)	_	0		0	_	0
56. Total SD/MC Reimbursement - FFP		\$	1,547,178	\$	(374,799)	\$	1,172,379
Net Healthy Families Reimbursement - FFP		_				=	
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	14,498	\$	(14,498)	•	0
58. Negotiated Rate Exceed Costs	(MH1979, Ln 24,24A)	J	0	Ψ	(14,470)	Ð	0
59. Administrative Reimbursement	(MH1979, Ln 10)		1,451		(1,451)		0
60. Total Healthy Families Reimbursement - FFP	(WIT1979, LII 10)	s –	15,949	- \$	(15,949)	·	0
oo. Total Healthy Lamines Reinbursement - FFF		= و	13,749	= "=	(13,747)	·	
61. Total - FFP (Ln 56 + Ln 60)		\$ _	1,563,127	\$	(390,748)	\$_	1,172,379
							(To Sch. 1)

LASSEN COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

(19) (10) Total Healthy	Gross Cost Families (Excl. HFP) Gross Cost	ı v	(MH 1968, Ln 27, 27A)	€9	₩	es.	s	€9	s	.	A 6	o 6	9 64	• •	€	€9	\$	69 (<i>•</i>	A 6	A 6	A 4	9 6 7	•	s,	€	₩.	₩.	₽ €	# # D C	9 (×9 €	<i>o</i> e	9 6	•
(#) Enhanced -	. ts	A T 1 E	(MH 1968. (C Ln 22)																											<i>₽</i> €					
{#} Enhanced -	Children Gross Cost	0 U T P	(MH 1968, Ln 16, 16A)	0	0		0	0	0	0 (0 0	o c	0 0	0	0	0	0	0	0 0	0	> C	0	0	0	0	0	0	0	0 (- 9 - 9	•	0	-	o c	•
(4) Regular M/Cal	and Crossover Gross Cost		(MH 1968, Ln 5, 5A, 10,10A)	\$ 0	\$ 0	\$ 0	0	0	0	0 (0 0	o c	0 0	0	0	0	0	0	0 (0	-		00	0	0	0	0	0	0 (> •			A 4	•
(\$) Healthy	Families Gross Cost		(MH 1968, Ln 27, 27A)	0	0	0	0	0	0	0 (0 0	0		0	0	0	0	0	0	0 (0 0	-	0 0	0	0	0	0	0	0		> (9			
(46) Total	Gross Cost (Excl. HFP)	E N T	(Col. 1 to 3)	0	0	0	0	0	0	0	0 0	0 0			0	0	0	0	0 (0 (0	9 6	o c	0	0	0	0	0	0) ·	0	0 (-	
£3} Enhanced -	Refugees Gross Cost	A T I	(MH 1968, Ln 22)					0	0	0	0 (0 0	> c	0	0	0	0	0	0	0	0 (0 0	0 0	0	0	0	0	0	0	<i>s</i>	5	0	0 (0 0	
888	Children Gross Cost	- x	(MH 1968, Ln 16, 16A)	0	0	0	0	0	0	0	0	00	-	0 0	0	0	0	0	0	0	0 (00	o c		0	0	0	0	0	0 (0	0	0	0 0	
(1) (2) Regular M/Cal Enhanced -	and Crossover Gross Cost		(MH 1968, Ln 5, 5A, 10,10A)	<i>€</i> 7	9 69	9 69		0	0	0	0	0 0	- 0	o c	0	0	0	0	0	0	0	0 (0	0	0	0	0	\$ 00	D	0	0	<i>•</i> • •	
		Legal Entity		Services Children's Services		. 57	. #		. 37	,,		er (•	•	. •	. 01	· VI	.,	51	, 60	.,			. •	. 47	्र	57	<i>3</i> 7		w# (<i>31</i>	۱۰	., •	
	Legal	Number		Milk Milk	3																														

LASSEN COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

(‡#) Total MAA FFP Reimbursement (MH 1979,		0
Net Cost Healthy Families 7.1 E.N. T. (Col 10-14)	00000000000000000000000000000000000000	\$ 0
#### Total Net Cost Excl. HFP G (G T P A T 1 E (Col 9-13) (1)		\$ 0
sost amilies (22)	*******************************	\$ 0
Total Net C Excl. HFP) Healthy F Excl. HFP) A T I E. N. T (Col 4-11) (Col 5		\$
7 % a	######################################	\$ 0
A		\$ 0
E (ii)		\$
(11) (12) (13) Total Healthy Revenue Families (Exci. HFP) Revenue I.N.P.A.T.I.E.N.T. (MH.1968, (MH.1968, Ln.28 to 30) Ln.31)		\$ 0
(*#) Total Revenue (Excl. HFP) (MH 1968, Ln 28 to 30)		69
<u>Legal Entity</u>	CC386 Milhous Childran's Services	TOTAL
Legal Entity Number	OG386 Mithous	GRAND TOTAL

LASSEN COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Milhous Children's Services	Legal Entity Number	l egal Entity	Neg. Rates Exceed Costs (Excl. HFP)	(2/1) Neg. Rates Exceed Costs Healthy Families	Neg. Rates Exceed Costs (Excl. HFP) O UTPA	Meg. Rates Exceed Costs Healthy Families	######################################	tasi Healthy Families Reimbursement (FFP)	tabl Total Reimbursement (FFP)	FFP Confract Maximum	Lower of FFP or Contract Maximum
### CHANGO C MAN ON N N N N N N N N N N N N N N N N N			(MH 1968, Ln 38 to 39)	(MH 1968, Ln 40, 40A)			(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Col. 24 + 25)		
		Children's Services	69 69 69 69	99 9			00		69 64 O C		
			9 49 9 O) O		0	0				
			es e	\$		0 0	00				
				9 G		0 0	00				
				9 0		0	0				
			0	9		0 6	0 (
				99 e		5 C	00				
			00	9 69		0	0				
			0	0		0	0				
			00	69 6		0 0	0 6				
			0	A 64		0	0				
			0	\$ 0		0	0				
			0 0	69 6		00	0 0				
			0	# 69		00	0				
			0	\$ 0		0	0				
			0 (9		0 0	00				
			00	99 45 D C		0	0				
			0	9 69		0	0				
			0	9		0	0				
			00	69 6		0 0	00				
			o c	9 64		0	0				
			0	9 69		0	0				
			0	\$ 0		0	0				
			0	0		0	0				
			0	9		0	0 (
			0 (S 6		0 0	0				
s 0			5 C	A 44		0 0	00				
\$ 0 \$ 0 \$ 0 \$			•	•		•					
	GRAND	TOTAL	0	\$		1 1			\$ 0		0

LASSEN COUNTY COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2003

	As Settled	Audit Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	2,409,810	(542,594)	1,867,216
(2) Total SD/MC Claims	1,846,333	0	1,846,333
(3) Percent % (Line 1/Line 2)	1.3052	(0.2939)	1.0113
(4) EPSDT Claims	1,069,059	0	1,069,059
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	1,395,336	(314,185)	1,081,151
(6) Cost Settled Baseline for EPSDT	117,727	0	117,727
(7) Net Cost Settlement Amount (Line 5 - Line 6)	1,277,609	(314,185)	963,424
(8) 48.56% of Net Cost Settlement Amount (Line 7 x 48.56%)	620,407	(152,568)	467,839
(8a) FY 2001-02 EPSDT settlement	344,512	(1,762)	342,750
(8b) Annual Local Growth (L. 8 - 8a)	275,895	(150,806)	125,089
(9) County Match 10% of Local Growth (8b x 10%)	27,590	(15,081)	12,509
(10) Net cost settlement amount (L. 8 - 9)	592,818	(137,488)	455,330
(11) SGF Distribution (Settled and Audited)	592,818	0	592,818
(12) SGF Due (State)	0	(137,488)	(137,488) (To Sch. 1)
			(10 001. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (inclues contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2002-2003, includes increase for FFS/MC provider rate increase
- (7) Settlement amount prior to 10% match calculation (8) (9)
- (11) SGF gross distribution (See DMH letter dated May 20, 2005 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (12) Amount owed back to the state cannot be more than was advanced or settled.

Provide					Provider Number	<u> </u>	No. of Adj.		Fiscal P	eriod Er	ded
	LASSEN CO	UNTY			00018		35		June	30, 200)3
	Report Refe	erence					As		ease		As
Adj.	Form/			EXPLANATION OF AUDIT ADJUSTMEN	TS	ĺ	Reported	(Dec	rease)	•	Adjusted
No	Sch.	Line	Col.			 -		 			<u> </u>
				ADJUSTMENTS TO REPORTED COSTS		1					
1	MH 1960	9	3	SD/MC ADMINISTRATION		\$	263,808		55,233)		\$208,575
2	MH 1960	10	3	HEALTHY FAMILIES ADMINISTRATION			2,224		(2,224)		0
3	MH 1960	11	3	NON SD/MC ADMINISTRATION		[80,483 346.515	\$:	57,457		137,940 346,515
-	MH 1960	12	3	TOTAL ADMINISTRATIVE COSTS		1	346,515	1			340,313
				To allocate total administrative cost among SD/MC, Healthy Fa	milies, and			l			
				Non SD/MC Administration based on the gross cost method pe		ĺ					
	1			of 60.1922% for SD/MC and 39.8078% for Non SD/MC				1			
4	MH 1960	13	c	SKILLED PROFESSIONAL MEDICAL PERSONNEL		 \$	157,311	\$ (1:	57,311)	\$	_ *
5	MH 1960	14	Č	OTHER SD/MC UTILIZATION REVIEW		•	127,850		27,850)	\$	- *
6	MH 1960	15	č	NON-SD/MC UTILIZATION REVIEW			87,696	\$ (87,696)	\$	- *
-	MH 1960	16	С	TOTAL UTILIZATION REVIEW COSTS			372,857	1	ı		372,857 *
			ĺ	To eliminate the reported distribution of Utilization Review Cost	s (UR). UR	i					
	ł	1		costs will be redistributed to the proper costs centers after adju-					ĺ		
]	Utilization Reviews costs are made below.							
7	MH 1960	16	c	TOTAL UTILIZATION REVIEW COSTS		\$	372,857	\$ (92,925)	\$	279,932 *
8	MH 1960	18	c	MODE COSTS		\$	3,155,510	\$	92,925	\$	3,248,435
				- 11 C at the area	4]					
				To adjust Utilization Review costs to agree with County's support documentation and reclassify costs as Mode Costs.	rring	1					
	1	1		documentation and reclassify costs as wide costs.				1			
9	MH 1960	13	c	SKILLED PROFESSIONAL MEDICAL PERSONNEL		** \$	-		90,316	\$	90,316
10	MH 1960	14	С	OTHER SD/MC UTILIZATION REVIEW		**	-		82,540		82,540
11	MH 1960	15	С	NON-SD/MC UTILIZATION REVIEW		**	-] 10	07,076		107,076 279,932
	MH 1960	16	С	TOTAL UTILIZATION REVIEW COSTS			279,932				279,932
				To allocate SPMP, Other SD/MC UR and Non SD/MC UR base	d on the audited						
	ĺ	ĺ		gross cost method of allocation (61.7494% for SPMP and Othe	SD/MC UR,			1			
	1			and 38.2506% for Non SD/MC).		1					
]							1	ļ		
		ĺ									
				* Balance carried forward to subsequent adjustment.]					
	1	1		** Balance brought forward from prior adjustment.		<u> </u>		<u></u>			

Provide		- 	 -	F	Provider Number	No. of Adj.		Period Ended
	LASSEN CO			, - 	00018	35	June	30, 2003
Adj.	Report Ref Form/ Sch.	erence Line	Col.	EXPLANATION OF AUDIT ADJUSTMENT	s	As Reported	Increase (Decrease)	As Adjusted
110.	341.	Line	001.	ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE				
12 13 14 15	MH1964 MH1964 MH1964 MH1964	4 5 8 9	A A A	DAY SERVICES (MODE 10) OUTPATIENT SERVICES (PROGRAM 1 AND 2) (MODE 15) SUPPORT SERVICES (MODE 60) TOTAL MODE COSTS To adjust Mode Costs in conjunction with adjustment 8.		\$ 302,719 2,773,220 79,571 3,155,510	\$ 8,931 \$ 81,646 \$ 2,348 \$ 92,925	\$ 311,650 2,854,866 81,919 3,248,435
16 17 18 19 20	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	3 3 3 3 3		ADJUSTMENTS TO REPORTED GROSS COST MODE 15 - PROGRAM 1 SERVICE FUNCTION 15/01 SERVICE FUNCTION 15/10 SERVICE FUNCTION 15/60 SERVICE FUNCTION 15/70 TOTAL MODE 15 (PROGRAM 1) COSTS To adjust the Medi-Cal reported gross cost at the service function RVS method of allocation as a result of of Adjustments 13, 22 to		\$ 360,896 1,605,253 437,592 363,659 2,767,400	\$ 10,609 \$ 83,756 \$ (8,186) \$ (4,532) \$ 81,647	\$ 371,505 1,689,009 429,406 359,127 2,849,047
21 22 23 24 25	MH1966A MH1966A MH1966A MH1966A MH1966A	2 2 2 2 2 2		ADJUSTMENTS TO TOTAL UNITS OF SERVICES SERVICE FUNCTION 10/95 SERVICE FUNCTION 15/01 SERVICE FUNCTION 15/10 SERVICE FUNCTION 15/60 SERVICE FUNCTION 15/70 To adjust the Total Units to agree with the County's records.		2,626 238,573 816,695 115,974 119,018	(503) (37,543) (107,173) (18,745) (18,148)	2,123 201,030 709,522 97,229 100,870
				 * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment. 				

Provide	r		 _		Provider Number	No. of Adj.		riod Ended
	LASSEN CO	UNTY			00018	35	June 3	30, 2003
	Report Refe	erence	<u> </u>	EXPLANATION OF AUDIT ADJUSTME	NTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF ADDIT ADDITION				·
				ADJUSTMENTS TO REPORTED SD/MC UNI COUNTY PROVIDERS - PROGRAMS 1 AND				
26 27 28 29	MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 10A 11A	Total Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 HEALTHY FAMILIES - 10/01/02 to 06/30/03 TOTAL UNITS To adjust the as settled (MH 1966A) SD/MC units of service/county operated facilities to agree with the State DMH Approximate Report dated November 1, 2007. Above adjustments include Copies of workpapers detailing adjustments by service function been provided to the County. See the MH 1970 worksheets, the units for the three (3) reimbursement periods. (Note: The Total Approved Units per County's records recond the State DMH Approved Claims Report.)	ved Claims Phase II. ons have which reflects	186,143 850,095 0 9,880 1,046,118	81,870 (403,393) 362 (9,880) (331,041)	268,013 446,702 362 0 715,077
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.				

Provide	r LASSEN CO	UNTY			Provider Number 00018	No. of Adj. 35		riod Ended 30, 2003
	Report Refe	rence				As	Increase	As
Adj. No.	Form/ Sch	Line	Col	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UNIT CONTRACT PROVIDERS	<u>rs</u> -			
30	MH 1966A MH 1966A	8 8A	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 TOTAL UNITS To adjust the as settled (MH 1966A) SD/MC units of service/t county operated facilities to agree with the State DMH Approx Report dated November 1, 2007. Copies of workpapers detailing adjustments by service function been provided to the County. See the MH 1970 worksheets, the units for the three (3) reimbursement periods. (Note: The Total Approved Units per County's records record the State DMH Approved Claims Report.)	ved Claims ons have which reflects	0 37 37	(37)	
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide	r				Provider Number	No. of Adj.	Fiscal F	Period Ended			
	LASSEN CO	YTMUC			00018	35	June	30, 2003			
	Report Ref	ference			As						
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted			
NO.	Scn.	Line	<u>COI.</u>								
				ADJUSTMENTS TO REPORTED SD/MC SETTLE	<u>MEN</u> T						
31	MH 1979	2	D	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS	REIMB	\$ 6,568	\$ (6,568)	\$ -			
				To adjust reported Contract Provider Direct Medi-Cal Gross R as a result of adjustments to the contract providers SD/MC ur service/time.							
32	MH 1979	21	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY		\$ 1,547,178	\$ (374,799)	\$ 1,172,379			
33	MH 1979	27	Ĵ	TOTAL HEALTHY FAMILIES REIMBURSEMENT (FFP) - COUNT	Υ	15,949	(15,949)	0			
				TOTAL REIMBURSEMENT (FFP) - COUNTY		1,563,127	(390,748)	1,172,379			
34	Sch. 3b Sch. 3b	Total Total	24 25	TOTAL SD/MC REIMBURSEMENT (FFP) - CONTRACT PROVID TOTAL HEALTHY FAMILIES REIMBURSEMENT (FFP) - CONTR		\$ 3,284 0	\$ (3,284)	\$ - 0			
-	301.30	Total	23	TOTAL REIMBURSEMENT (FFP) - CONTRACT PROVIDER:		3,284	(3,284)	0			
				To adjust Total SD/MC Reimbursement (FFP) due to the adju reported costs and units.	stments to						
				ADJUSTMENTS TO REPORTED EPSDT STATE GENERAL FUND SETTLEMENT							
35	Sch. 4	8	3	TOTAL EPSDT SGF		\$ 592,818	\$ (137,488)	\$ 455,330			
				To adjust the State General Fund share of EPSDT as a result to SD/MC reimbursements as reflected on Lines 16, 16A, 17, Column C of the form MH 1979 of the audited County and corcost reports.	17A, and 18,						
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.							

CALCULATION OF PROGRAM COSTS MH 1960 (10/04)

Fiscal Year 2002-2003

County: LASSEN COUNTY

County Code: 18

	Legal Entity: LASSEN COUNTY	Α	В	С
Leg	gal Entity Number: 00018	Salaries		Total
		and Benefits	Other	Costs
1	Mental Health Expenditures	2,246,024	1,921,198	4,167,222
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(206,501)	(206,501)
4	Other Adjustments (Provide Detail)			
5	Total Costs Before Medi-Cal Adjustments	2,246,024	1,714,697	3,960,721
6	Medi-Cal Adjustments from MH 1961			(85,839)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			3,874,882
	Administrative Costs (County Only)			
9	SD/MC Administration			208,575
10	Healthy Families Administration			
11	Non-SD/MC Administration			137,940
12	Total Administrative Costs			346,515
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			90,316
14	Other SD/MC Utilization Review			82,540
15	Non-SD/MC Utilization Review			107,076
16	Total Utilization Review Costs			279,932
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			3,248,435
[19]	Total Costs - Lines 9 through 18			3,874,882

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY MEDI-CAL ADJUSTMENTS TO COSTS MH 1961 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: LASSEN COUNTY

County Code: 18

Legal Entity: LASSEN COUNTY	A	В	С
Legal Entity Number: 00018	Salaries		Total
	and Benefits	Other	Adjustments
1 State Hospital		(2,252)	(2,252)
2 Misc. S/D Hospital Care		(99,437)	(99,437)
3 Depreciation Expense		15,850	15,850
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20 Total Adjustments		(85,839)	(85,839)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH Fiscal Year 2002-2003

County: LASSEN COUNTY County Code: 18

	Legal Entity: LASSEN COUNTY	A
Le	gal Entity Number: 00018	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	3,248,435
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	311,650
5	Outpatient Services (Mode 15 Program 1 + Program 2)	2,854,866
6	Outreach Services (Mode 45)	
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	81,919
9	Total - Lines 2 through 8	3,248,435

DEPARTMENT OF MENTAL HEALTH
PAGE 1 OF 1
Fiscal Year 2002-2003

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

WH 1966A (10/04)

33 Non-Medi-Cal Costs

County: LASSEN COUNTY

County Code: 18 CR CR Legal Entity: LASSEN COUNTY G Legal Entity Number: 00018 Service Service Service Service Service Service Mode: 10 - Day Services Mode Total Function Function Function Function Function Function 40 Allocation Percentage 100.00% 15.20% 84.80% Total Units 2,123 Gross Cost 311.650 47.384 Cost per Unit 82.26 124.48 SMA per Unit 115 14 Published Charge per Unit 115.14 Negotiated Rate / Cost per Unit 07/01/02 - 09/30/02 150 Medi-Cal Units 10/01/02 - 06/30/03 1 211 07/01/02 - 09/30/02 Medicare/Medi-Cal Crossover Units 10/01/02 - 06/30/03 10 07/01/02 - 09/30/02 Enhanced SD/MC (Children) Units 10A 10/01/02 - 06/30/03 10B Enhanced SD/MC (Refugees) Units 07/01/02 - 06/30/03 Healthy Families (SED) Units 07/01/02 - 09/30/02 10/01/02 - 06/30/03 12 Non-Medi-Cal Units 762 576 07/01/02 - 09/30/02 18.672 18.672 Medi-Cal Costs 10/01/02 - 06/30/03 150,743 150.743 14 07/01/02 - 09/30/02 17,271 17,271 Medi-Cal SMA Upper Limits 139,435 139.435 14A 10/01/02 - 06/30/03 07/01/02 - 09/30/02 17,271 17,271 Medi-Cal Published Charges 10/01/02 - 06/30/03 139,435 139,435 07/01/02 - 09/30/02 Medi-Cal Negotiated Rates 16A 10/01/02 - 06/30/03 07/01/02 - 09/30/02 Medicare/Medi-Cal Crossover Costs 17A 10/01/02 - 06/30/03 07/01/02 - 09/30/02 Medicare/Medi-Cal Crossover SMA Upper Limits 10/01/02 - 06/30/03 19 Medicare/Medi-Cal Crossover Published Charges 07/01/02 - 09/30/02 10/01/02 - 06/30/03 07/01/02 - 09/30/02 Medicare/Medi-Cal Crossover Negotiated Rates 10/01/02 - 06/30/03 21 21A Enhanced SD/MC Costs 07/01/02 - 09/30/02 10/01/02 - 06/30/03 07/01/02 - 09/30/02 Enhanced SD/MC SMA Upper Limits 10/01/02 - 06/30/03 23 23A Enhanced SD/MC Published Charges 24 24A Enhanced SD/MC Negotiated Rates 07/01/02 - 09/30/02 Enhanced SD/MC Published Charges 10/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 06/30/03 25 Enhanced SD/MC (Refugees) Costs 07/01/02 - 06/30/03
 26
 Enhanced SD/MC (Refugees) SMA Upper Limits
 07/01/02 - 06/30/03

 27
 Enhanced SD/MC (Refugees) Published Charges
 07/01/02 - 06/30/03
 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 06/30/03 29 29A Healthy Families Costs 07/01/02 - 09/30/02 10/01/02 - 06/30/03 07/01/02 - 09/30/02 Healthy Families SMA Upper Limits 10/01/02 - 06/30/03 07/01/02 - 09/30/02 Healthy Families Published Charges 10/01/02 - 06/30/03 32 Healthy Families Negotiated Rates 07/01/02 - 09/30/02 10/01/02 - 06/30/03

142,236

47,384

94,852

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

	County: LASSEN COUNTY County Code: 18			CR	CR	CR	CR		
	Legal Entity: LASSEN COUNTY		A	В	С	D	E	F	G
Le	gal Entity Number: 00018 Mode: 15 - Outpatient (Program 1)		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
				01	10	60	70		
1_	Allocation Percentage		100.00%	13.04%	59.28%	15.07%	12.61%	_	
2	Total Units		0.040.040	201,030	709,522	97,229	100,870		
3	Gross Cost		2,849,046	371,505	1,689,009	429,406	359,127		000000000000000000000000000000000000000
4	Cost per Unit			1.85	2.38	4.42	3.56		
5_	SMA per Unit			1.77	2.28	4.23	3.41		
6		ublished Charge per Unit		1.77	2.28	4.23	3.41		
1	egotiated Rate / Cost per Unit						,		
8 _	Medi-Cal Units	07/01/02 - 09/30/02		43,753	197,287	14,786	12,037		
8A		10/01/02 - 06/30/03		103,915	268,005	40,298	33,202		
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02	ļ	420					 -
10A 10B		10/01/02 - 06/30/03		120	212	30			
_		07/01/02 - 06/30/03							
1 1A	Healthy Families (SED) Units	07/01/02 - 09/30/02 10/01/02 - 06/30/03							
12	Non-Medi-Cal Units	110/01/02 - 00/30/03		53,242	244,018	42,115	55,631		
****		1		****************	*******************************	000000000000000000000000000000000000000	000000000000000000000000000000000000000	**************	000000000000000000000000000000000000000
13	Medi-Cal Costs	07/01/02 - 09/30/02	658,652	80,856	469,639	65,301	42,855		
13A	<u> </u>	10/01/02 - 06/30/03	1,126,201	192,036	637,983	177,974	118,209		
4	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	630,848	77,443	449,814	62,545	41,046		
14A		10/01/02 - 06/30/03	1,078,660	183,930	611,051	170,461	113,219		
15 15A	Medi-Cal Published Charges	07/01/02 - 09/30/02 10/01/02 - 06/30/03	630,848 1,078,660	77,443	449,814	62,545	41,046		
6		07/01/02 - 09/30/02	1,078,060	183,930	611,051	170,461	113,219		
16A		10/01/02 - 06/30/03							
1000				<u></u>			**************		ene <u>nterente</u> en
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03	 						
18 18A	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02 10/01/02 - 06/30/03							
9		07/01/02 - 09/30/02							
9A	Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03	 						
20		07/01/02 - 09/30/02							
0A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03							
****		000000000000000000000000000000000000000		*****************	*************	************			
21 21A	Enhanced SD/MC Costs	07/01/02 - 09/30/02 10/01/02 - 06/30/03	950	222	505	132			
2		07/01/02 - 09/30/02	859		505	132			
2A	Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03	823	212	483	127			
3		07/01/02 - 09/30/02	023	212	403			Service Function	
3A	Enhanced SD/MC Published Charges	10/01/02 - 06/30/03	823	212	483	127			
24	5 had 100 at 0 had	07/01/02 - 09/30/02							
4A	Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03							
	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03			************			<u></u>	on <u>nagaranan an</u>
		07/01/02 - 06/30/03			}				
7	Enhanced SD/MC (Refugees) Published Charges		-						
	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
0.00	\								
9	Healthy Families Costs	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
0 0A	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02						——— 	
1		10/01/02 - 06/30/03 07/01/02 - 09/30/02		 +	 -				
1A	Healthy Families Published Charges	10/01/02 - 06/30/03	 +	+					
2		07/01/02 - 09/30/02							
32A	Healthy Families Negotiated Rates	10/01/02 - 06/30/03		—— 					
-	Non-Medi-Cal Costs	15,01702 - 00/30/03	1,063,334					*************	uniqualunity o
33				98,392	580,882	185,998	198,063		

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: LASSEN COUNTY
County Code: 18

ASO ASO

	County Code: 18	ASO ASO								
	Legal Entity: LASSEN COUNTY		A	B	С	D	E	F	G	
Leg	gal Entity Number: 00018]	Service	Service	Service	Service	Service	Service	
Ĺ.,	Mode: 15 - Outpatient (Program 2)		Mode Total	Function	Function	Function	Function	Function	Function	
Ļ.,	IAM - C- D-			10	60					
	Allocation Percentage		100.00%	89.18%		 		ļ		
2	Total Units Gross Cost		F 920	6,690	210		 		<u> </u>	
3	10000000000000000000000000000000000000		5,820	5,190	630	100000000000000000000000000000000000000	200000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	
4	Cost per Unit		0.78	3.00						
5	SMA per Unit			2.28	4.23					
6	ublished Charge per Unit									
7	legotiated Rate / Cost per Unit									
8	Madi Califaita	07/01/02 - 09/30/02								
8A	Medi-Cal Units	10/01/02 - 06/30/03		15	56					
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02						_		
9A	Medicare/Medi-Cai Crossover Offits	10/01/02 - 06/30/03								
10	Enhanced SD/MC Units	07/01/02 - 09/30/02								
10A		10/01/02 - 06/30/03								
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03								
11	Healthy Families (SED) Units	07/01/02 - 09/30/02								
11A		10/01/02 - 06/30/03								
12	Non-Medi-Cal Units			6,675	154					
13		07/01/02 - 09/30/02								
13A	Medi-Cal Costs	10/01/02 - 06/30/03	180	12	168					
14	Madi Cal Chia Hanas Lington	07/01/02 - 09/30/02								
14A	Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03	271	34	237					
15	Madi Cal Bublishad Charres	07/01/02 - 09/30/02								
15A	Medi-Cal Published Charges	10/01/02 - 06/30/03								
16	Madi Cal Nagotiated Pates	07/01/02 - 09/30/02								
16A	Medi-Cal Negotiated Rates	10/01/02 - 06/30/03								
17		07/01/02 - 09/30/02				<u></u>		<u></u>	<u> Maria da prod</u> essessorio	
17A		10/01/02 - 06/30/03	 							
18		07/01/02 - 09/30/02				_				
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03				_		-		
19		07/01/02 - 09/30/02								
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03								
20	Modings Madi Cal Conseques Name total Dates	07/01/02 - 09/30/02								
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03					_			
21	······································	07/01/02 - 09/30/02	200000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	800000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	**************	
21A	Enhanced SD/MC Costs	10/01/02 - 06/30/03	 							
22		07/01/02 - 09/30/02								
22A	Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03			<u> </u>				 	
23		07/01/02 - 09/30/02								
23A	Enhanced SD/MC Published Charges	10/01/02 - 06/30/03								
24	F-1 CDBIC N	07/01/02 - 09/30/02								
24A	Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03				-	-			
diam'r.	Enhanned SD/MC (Potugoes) Costs	A terror and a decreased a proper proper and decreased		orden orden orden of the second		<u> Asymptosis (1981)</u>	Array (Marana) array	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u></u>	
		07/01/02 - 06/30/03								
		07/01/02 - 06/30/03 07/01/02 - 06/30/03	 							
		07/01/02 - 06/30/03								
000000	/////////////////////////////////////	000000000000000000000000000000000000000	000000000000000000000000000000000000000	900009000000000000000	000000000000000000000000000000000000000	90000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	0000000000000000000	
29		07/01/02 - 09/30/02	L							
29A		10/01/02 - 06/30/03								
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02								
30A		10/01/02 - 06/30/03								
31	Healthy Families Published Charges	07/01/02 - 09/30/02	 							
31A		10/01/02 - 06/30/03								
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02	L——							
32A		10/01/02 - 06/30/03				V 1			on an article of the second	
	Non-Medi-Cal Costs		5,640	5,178	462					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

Fiscal Year 2002-2003

County: LASSEN COUNTY County Code: 18

County Code: 18 CR CR CR

	Legal Entity: LASSEN COUNTY	A	В	С	D	E	F	G
Le	gal Entity Number: 00018		Service	Service	Service	Service	Service	Service
	Mode: 60 - Support	Mode Total	Function	Function	Function	Function	Function	Function
		l[30	40	60			
1	Allocation Percentage	100.00%	1.44%	16.33%	82.23%			
2	Total Units		588	222	53,650			
3	Gross Cost	81,919	1,180	13,376	67,362			
4	Cost per Unit		2.01	60.25	1.26			
5	Non-Medi-Cal Units (Same as Line 2)		588	222	53,650			
6	Non-Medi-Cal Costs (Same as Line 3)	81,919	1,180	13,376	67,362			<u></u>

Fiscal Year 2002-2003

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (10/04)

County, LASSEN COUNTY

	County LASSEN COUNTY County Code: 18					EMENT TYPE			SMA		Costs			
Lea	Legal Entity: LASSEN COUNTY al Entity Number: 00018		A	LB	<u> </u>	<u> </u>	E		<u> </u>	н	Total		K Total	
1.67	ar Emply Humber. 000 to		S. F.'s 01-09	Mode 55 S. F.'s 11-19, 31-39	S. F.'s 21-29	Total MAA	Inpatient Mode 05- Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Outpatient Exclude Program (2)	Mode 15 Program (2)	Outpatient (Col 1 + Col. J)	
1 1A	Medi-Cal Costs	07/01/02 - 09/30/02 10/01/02 - 06/30/03					*		18,672 150,743	658,652	677,324 1,276,943	180	677,324 1,277,123	
2	Medi-Cal SMA	07/01/02 - 09/30/02							17,271	630,848	648,119		648,119	
2A 3	Medi-Cal P C	07/01/02 - 06/30/03 07/01/02 - 09/30/02							139,435 17,271	630,848	1,218,095 648,119	271	1,218,36 648,11	
3A 4		10/01/02 - 06/30/03 07/01/02 - 09/30/02					<u> </u>	 	139,435	1,078,660	1,218,095		1,218,09	
4A_	Medi-Cal N. R	10/01/02 - 06/30/03												
5 5A	Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02 10/01/02 - 06/30/03							17,271 139,435	630,848 1,078,660	648,119 1,218,095	180	648,111 1,218,27	
6_	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02						_						
6A 7		10/01/02 - 06/30/03 07/01/02 - 09/30/02		<u> </u>		-	8	<u> </u>		<u> </u>		-		
7A	Medicare/Medi-Cal Crossover SMA	10/01/02 - 06/30/03								-				
8 8A	Medicare/Medi-Cal Crossover P C.	07/01/02 - 09/30/02 10/01/02 - 06/30/03									<u> </u>			
9 9A	Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02 10/01/02 - 06/30/03					<u> </u>		 	 	<u> </u>			
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02												
10A	Medical Siviedin Cal Crossover Gross Reim.	10/01/02 - 06/30/03						· · · · · · · · · · · · · · · · · · ·					www.	
11 11A	Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02 10/01/02 - 06/30/03					8		17,271 139,435	630,848 _1,078,660	648,119 1,218,095	180	648,119 1,218,274	
12	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02												
12A 13		10/01/02 - 06/30/03 07/01/02 - 09/30/02					<u> </u>		 	859	859		859	
13A	Enhanced SD/MC (Children) SMA	10/01/02 - 06/30/03 07/01/02 - 09/30/02								823	823	500000000000000000000000000000000000000	823	
14 14A	Enhanced SD/MC (Children) P. C.	10/01/02 - 06/30/03								823	823		823	
15 15A	Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02 10/01/02 - 06/30/03								 	 			
16	Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02					***************************************	nance considerations of the second	4777100000000			<u></u>	***************************************	
16A		10/01/02 - 06/30/03					() 16000000000000000000000000000000000000	****************		823	823		823	
17 18	Enhanced SD/MC (Refugees) Cost Enhanced SD/MC (Refugees) SMA Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03 07/01/02 - 06/30/03												
19 20	Enhanced SD/MC (Refugees) P. C. Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03 07/01/02 - 06/30/03							<u> </u>	 	 	-		
21	Total Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02							17,271	630,848	648,119		648,119	
21A 22	(Excludes Refugees) Enhanced SD/MC (Refugees) Gross Reim.	10/01/02 - 06/30/03 07/01/02 - 06/30/03							139,435		1,218,918	180	1,219,09	
23		07/01/02 - 09/30/02							<u> </u>			<u></u>		
23A	Healthy Families Cost	10/01/02 - 06/30/03 07/01/02 - 09/30/02												
24 24A	Healthy Families SMA	10/01/02 - 06/30/03										-		
24A 25 25A	Healthy Families P C.	07/01/02 - 09/30/02 10/01/02 - 06/30/03					<u> </u>							
26 26A	Healthy Families N. R.	07/01/02 - 09/30/02 10/01/02 - 06/30/03												
27 27A	Healthy Families Gross Reim	07/01/02 - 09/30/02						*****************	00000000000000000000000000000000000000	200000000000000000000000000000000000000	_		200000000000000000000000000000000000000	
27A	Less: Patient and Other Payor Revenues	10/01/02 - 06/30/03							000000000000000000000000000000000000000		_			
28	SD/MC + Crossover Revenues	07/01/02 - 09/30/02							######################################	<u> </u>			<u> </u>	
28A 29		10/01/02 - 06/30/03					}		-			-	_	
30 31	Enhanced SD/MC (Children) Revenues Enhanced SD/MC (Refugees) Revenues Healthy Families Revenues													
32	Total Expenditures from MAA (Mode 55)					<u> </u>				-				
33	Medi-Cal Eligibility Factor (Average) Revenue - MAA			100000000000000000000000000000000000000										
34 35		07/01/02 - 09/30/02			······································				17,271	630,848	648,119		648,119	
35A	Het Due - 35/MC for Direct Services	10/01/02 - 06/30/03							139,435	1,079,483	1,218,918	180	1,219,097	
36 37	Net Due - Enhanced SD/MC (Refugees) Net Due - Healthy Families	07/01/02 - 09/30/02							<u> </u>					
37A	·	10/01/02 - 06/30/03									***************************************			
38	Amount Negotiated Rates Exceed Costs SD/MC (Includes Children)	07/01/02 - 09/30/02												
38A 39	Enhanced SD/MC (Refugees)	10/01/02 - 06/30/03												
40	Healthy Families	07/01/02 - 09/30/02												
IOA_	<u> </u>	10/01/02 - 06/30/03								L				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

DETERMINATION OF SD/MC FFP % MH 1978 (10/04)

Fiscal Year 2002-2003

County: LASSEN COUNTY

County Code: 18

Legal Entity: LASSEN COUNTY

Legal E	Entity Number: 00018	Α	В	С	D	E	F	
	Data Type	Net Dire	ct Costs	FF	P	Effective		
		(Gross Reim. Co	osts - Revenue)	Doll	ars	FFP%		
	Source	MH1	970s	MH1	970s	Calculated		
		Column N	Column Q	Column R	Column U			
	Formula					(C6 / A6)	(D6 / B6)	
	Period	1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period	
		07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	
M	lode	09/30/02	06/30/03	09/30/02	06/30/03	09/30/02	06/30/03	
1 05	5 - Hospital Inpatient (SFC 10-19)							
2 05	5 - Other 24 Hour Services (All Other SFC)							
3 10	0 - Day Services	17,271	139,435	8,877	72,918		*	
	5 - Outpatient (Program 1)	630,848	1,078,660	324,256	552,404			
5 15	5 - Outpatient (Program 2)		180		95			
6 To	otals	648,119	1,218,274	333,133	625,416		The state of the s	
7 To	otals from MH1979	648,119	1,218,274	333,133	625,416		The second of th	
8 Ef	ffective SD/MC FFP %					51.40%	51.34%	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DETAIL COST REPORT DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (10/04)

Fiscai Year 2002-2003

County: LASSEN COUNTY County Code: 18							Source: MH1978 E8	Source: MH1978 F8			
Legal Entity: LASSEN COUNTY		Α	В	С	D	E	F	G	Н		J
Legal Entity Number: 00018		Total MAA	Total Inpatient	Total Outpatient	Total	50% FFP	51.40% FFP	51.34% FFP	Variable %	75% FFP	Total FFP
SD/MC Administrative Reimbursement (County	Only)										
1 County SD/MC Direct Service Gross Reimburse				1,867,216	1,867,216						
2 Contract Provider Medi-Cal Direct Service Gross	Reimbursement										
3 Total Medi-Cai Direct Service Gross Reimburser	ment				1,867,216						
4 Medi-Cal Administrative Reimbursement Limit					280,082						
5 Medi-Cal Administration					208,575						
6 Medi-Cal Administrative Reimbursement					208,575	104,288					104,288
Healthy Families Administrative Reimbursement	(County Only)										
7 County Healthy Families Direct Service Gross R											
8 Healthy Families Administrative Reimbursement											
9 Healthy Families Administration											
10 Healthy Families Administrative Reimbursement											
SD/MC Net Reimbursement for MAA											
11 Medi-Cal Admin. Activities Svc Functions 01 - 09											
12 Medi-Cal Admin. Activities Svc Functions 11 - 19											
13 Medi-Cal Admin. Activities Svc Functions 21 - 29	(County Only)										
14 Utilization Review-Skilled Prof. Med. Personnel (County Only)				90,316					67,737	67,737
15 Other SD/MC Utilization Review (County Only)					82,540	41,270					41,270
16 00 000 000 000 000 000 000 000 000 00	07/01/02 - 09/30/02			648,119	648,119		333,133				333,133
	10/01/02 - 06/30/03			1,218,274	1,218,274			625,416			625,416
17	07/01/02 - 09/30/02										
17A Enhanced SD/MC Net Reimb. (Children)	10/01/02 - 06/30/03			823	823				535		535
18 Enhanced SD/MC Net Reimb. (Refugees)											
19 Total SD/MC Reimbursement Before Excess FF	Р										1,172,379
20 Amount Negotiated Rates Exceed Costs - SD/M	C & Enh. SD/MC										
21 Total SD/MC Reimbursement (FFP)											1,172,379
22 Contract Limitation Adjustment											
23 Adjusted Total SD/MC Reimbursement (FFP)											1,172,379
	07/01/02 - 09/30/02					-					
[24A]	10/01/02 - 06/30/03										
 Total Healthy Families Reimbursement Before E Amount Negotiated Rates Exceed Costs - Health 											
26 Amount Negotiated Rates Exceed Costs - Health	y Families										
27 Total Healthy Families Reimbursement											